



SFIS Move, Add or Change Request

Site Information

Type of Request: ☐ Site Relocation ☐ New Site ☐ Workstation Move ☐ Additional Workstation ☐ De-Installation

County		Site Address	New Site Address (if Applicable)
Street Address:			
City, Zip Code:			
Phone Number:			
Move In Date (if Applicable)			

Additional Comments:

County SFIS Coordinator Information

County : _____

Phone Number: _____

SFIS Coordinator: _____

County SFIS Coordinator Signature _____ Date _____

Please Fax the completed form to:

Health & Human Services Data Center /SFIS Project at **(916) 229-4497**

If you need additional information regarding this form, please contact the HHSDC-SFIS Project at (916) 229-4465.

For State Use Only

Workstation Type	Qty	Operation	Requested	Completed
Client Input		Site Survey		
Multi-Function		Electrical Cabling		
Fraud		Data Cabling		
System Administrator		Workstation Installation		
Portable		Delivery Date		

Date Received: _____ Approved/Denied By _____

☐ Approved

☐ Denied

Date: _____ Title _____

County Notified: _____

Approved/Denied By Signature _____

Date _____

Notes: